Health Priority: Access to Primary and Preventive Health Services
Objective 3: Reducing Barriers to Access

Long-term (2010) Subcommittee Outcome Objective: By 2010, reduce by 10 percent, the proportion of the population that reports difficulties, delays, or the inability to receive ongoing primary and preventive health care (e.g., check-ups and management of acute and/or chronic illnesses).

Inputs	Outputs		Outcomes		
	Activities	**Participation/ Reach**	**Short-term 2002-2004**	**Medium-term 2005-2007**	**Long-term 2008-2010**
Staff time [Divisions of Public Health and Health Care Financing (including Bureau of Health Information); Departments of Public Instruction, Workforce Development, Regulation and Licensing; and public health system partners] Staff time (health professions' education programs, Area Health Education Centers, community health partners) State, tribal, and local elected officials State and local public policy leaders State program statute and policy change Funding	**Component I:** (Data Capacity) Add questions to the Wisconsin Family Health Survey to measure the objective and parallel Federal 2010 objective. Collaborate to determine the priority of adding questions to the Wisconsin Family Health Survey, determine a funding source and sequenced process. (Community and Recruitment Development) Complete an assessment of primary care and dental Health Professional Shortage Areas with the greatest shortages of providers and which have not previously used federal/state development resources described in the next output. Complete and implement a plan to expand the dissemination of information on federal and state primary care resources and successful community development models.	Division of Public Health Division of Health Care Financing (including Bureau of Health Information) Division of Disability and Elder Services Wisconsin Mental Health Association Wisconsin Dental Association Wisconsin Nurses Association Medical Society of Wisconsin Wisconsin Primary Health Care Association University of Wisconsin, Office of Rural Health	**Component I:** By December 31, 2003, the following question will be added to the Wisconsin Family Health Survey: *"Have you experienced difficulties, delays, or the inability to receive ongoing primary and preventive health care (e.g., check-ups and management of acute and/or chronic illnesses). If yes, what were the reasons for the difficulties or delays?"* By January 1, 2004, an assessment of communities with provider shortages and other access barriers will be completed and results shared with partners. By January 1, 2004, information on primary care resources will be disseminated and technical assistance will be available for community development.	**Component I:** By January 1, 2005, 10 health care sites, which have not participated previously, will have applied for assistance from the federal National Health Service Corps, State J-1 Visa Waiver, or state loan repayment programs (e.g., eligible primary care, oral health, or mental health sites). By December 31, 2005, a process to track providers with service obligations will be completed and used.	

Health Priority: Access to Primary and Preventive Health Services
Objective 3: Reducing Barriers to Access

Inputs	Outputs		Outcomes		
	Activities	**Participation/ Reach**	**Short-term 2002-2004**	**Medium-term 2005-2007**	**Long-term 2008-2010**
Wisconsin Primary Health Care Association Area Health Education Centers Wisconsin Office of Rural Health Resources	**Component I:** (Community and Recruitment Development – continued) Expand the availability of technical assistance for primary care development identified from the Health Professional Shortage Area assessment. Sustain and expand state efforts to request federal Health Professional Shortage Area designations (e.g., primary care, oral health, and mental health). Expand information dissemination and application assistance for federal National Health Service Corps loan repayment and scholarship programs. Expand information dissemination and application assistance for the immigration waiver program. Expand information dissemination and application assistance for the state loan repayment program. Develop a process to track provider completion of service obligations and longer term retention (federal/state loan repayment).	Policymakers Area Health Education Centers Wisconsin's Institutions of Higher Education and Technical Colleges Public health system partners Consumers and underserved populations State and community health improvement planners Providers and local partners Health professions education programs Health care purchasers State agencies	**Component I (continued):** By January 1, 2004, requests for new Health Professional Shortage Area designations will receive a state response within 4 to 6 weeks. By January 1, 2004, all counties likely to be eligible for dental Health Professional Shortage Areas will be reviewed, and requests for federal designation will be submitted for those that meet the federal designation criteria. **Component II:** By January 1, 2004, the Division of Public Health and the Department of Public Instruction school health program statutory definitions of eligible providers will be updated to include advanced practice nurse "prescribers" and physician assistants consistent with their legal scope of practice. By January 1, 2004, there will be a structure(s) in place to collect data on primary care and related health	**Component II:** By December 31, 2005, Medicaid provider reimbursement rates will be increased to 75 percent of the usual and customary charges billed. By January 1, 2005, the number of primary care providers (physician, APNP, PA) participating in Medicaid and public health programs (e.g., immunization) will increase.	**Component II:** By January 1, 2010, graduates from primary care training programs will more closely reflect the cultural diversity of the state population (e.g., rural, racial, and ethnic populations). By January 1, 2010, an increased percentage of medical school, advanced practice nurse, and physician assistant graduates will report plans to work in primary care.

Health Priority: Access to Primary and Preventive Health Services
Objective 3: Reducing Barriers to Access

Inputs	Outputs		Outcomes		
	Activities	**Participation/ Reach**	**Short-term 2002-2004**	**Medium-term 2005-2007**	**Long-term 2008-2010**
	Component II: (Payment for Services) Increase Medicaid rates for "provider services." (Workforce Utilization and Data) Support targeted statutory changes to update definitions of eligible providers to be consistent with current legal scope of practice. Collaborate to identify and reduce program administrative and billing barriers, and to increase provider participation in publicly funded programs. Establish and maintain data capacity to monitor the primary care and related health workforce in the state. (Workforce Development) Assure an adequate supply of primary care professionals that reflect the diversity of the state's population who have skills in primary and preventive health care. Expand the recruitment of health professions students from underserved populations. Expand student learning experiences in shortage areas and with underserved populations.		**Component II (continued):** workforce that is compatible and accessible across the Departments of Health and Family Services, Workforce Development, Regulation and Licensing, and public users. **Component III:** By January 1, 2004, plan completed to expand Medicaid patient education and encourage the use of preventive and primary care.	**Component III:** By January 1, 2005, a plan for Medicaid patient education is implemented. By January 1, 2005, the use of patient education materials will be integrated into Medicaid contracts and Division of Public Health programs serving Medicaid-eligible patients. By January 1, 2005, a plan will be completed to expand patient education for privately-insured workers to encourage the use of preventive and primary care.	**Component II (continued):** By January 1, 2010, an increased percentage of graduates from primary care training programs will have had learning experiences in multi-disciplinary practice settings. By December 31, 2010, Medicaid provider reimbursement rates will be increased to 85 percent of the usual and customary charges billed. **Component III:** By January 1, 2008, a plan will be completed to expand patient education for Medicare-eligible patients to encourage the use of preventive and primary care. By January 1, 2009, a plan for student and parent patient education is implemented. By January 1, 2010, a plan for Medicare-eligible patient education is implemented.

Health Priority: Access to Primary and Preventive Health Services
Objective 3: Reducing Barriers to Access

Inputs	Outputs		Outcomes		
	Activities	**Participation/ Reach**	**Short-term 2002-2004**	**Medium-term 2005-2007**	**Long-term 2008-2010**
	<u>Component II</u>: (Workforce Development – continued) Expand the use of distance education to support students from underserved areas and nontraditional students. Expand student learning experiences with primary and preventive health services and experiences in collaborative practice settings. **<u>Component III</u>:** (Public Information Campaign) Encourage the effective use of preventive and primary care for diverse populations. Develop and implement a plan to use Temporary Assistance to Needy Families, Medicaid outreach, and other public health funds to expand the use of patient education materials for diverse Medicaid-eligible populations. Collaborate with business sector partners to develop and implement a plan to expand public information messages for workers on preventive care, how to use services, and personal preventive care. Collaborate to develop and implement a plan to expand developmentally appropriate public information messages for students on preventive care, how to use services, and personal preventive care.		**<u>Component IV</u>:** By June 30, 2004, information on successful collaborative practice models will be compiled.	**<u>Component III</u> (continued):** By January 1, 2007, a plan for worker patient education is implemented. By January 1, 2007, a plan will be completed to expand patient education for students and parents to encourage the use of preventive and primary care. **<u>Component IV</u>:** By December 31, 2006, information on successful collaborative practice models will be disseminated to public health system partners and a process implemented to support ongoing dialogue among partners (e.g., educational forums or key information will be added to partner web sites). By January 1, 2007, information on "best practices" will be disseminated to provider and purchaser partners.	

Health Priority: Access to Primary and Preventive Health Services
Objective 3: Reducing Barriers to Access

Inputs	Outputs		Outcomes		
	Activities	**Participation/ Reach**	**Short-term 2002-2004**	**Medium-term 2005-2007**	**Long-term 2008-2010**
	<u>Component III</u> (continued): (Public Information Campaign) Complete a plan to expand public information messages for Medicare-eligible adults on preventive care, how to use care, and self-care. **<u>Component IV</u>:** (Service Delivery) Expand the use of a range of effective service delivery strategies to increase access to comprehensive care and to more cost-effective delivery of primary and preventive care. Compile information on successful collaborative practice models and disseminate these models and other resource information. Compile and disseminate information for providers and health care purchasers on "best practices" to help consumers more effectively use primary care.				

Health Priority: Access to Primary and Preventive Health Services
Objective 3: Reducing Barriers to Access

Long-Term (2010) Subcommittee Outcome Objective:

By 2010, reduce by 10 percent, the proportion of the population that reports difficulties, delays, or the inability to receive ongoing primary and preventive health care (e.g., check-ups and management of acute and/or chronic illnesses).

Wisconsin Baseline	Wisconsin Sources and Year
None. This is a developmental objective.	Not available.

Federal/National Baseline	Federal/National Sources and Year
12 percent of families in U.S. in 1996 reported difficulties, delays, or the inability to receive medical care.	Agency for Health Research and Quality (AHRQ): Medical Expenditure Panel.

Related USDHHS Healthy People 2010 Objectives			
Chapter	**Goal**	**Objective Number**	**Objective Statement**
1 - Access to Quality Health Services	Improve access to comprehensive, high-quality health care services.	1-6	Reduce the proportion of families that experience difficulties or delays in obtaining health care or did not receive needed care for one or more family members.

Definitions	
Term	**Definition**
Core primary care providers	Includes physicians (e.g., family practice, pediatrics, obstetrics, internal medicine, general practice), nurse practitioners, nurse midwives, and physician assistants.
Collaborating team members	Includes, but are not limited to, health educators, nurses, nutritionists, pharmacists, social workers, allied health workers, other community outreach workers, dentists, dental hygienists, psychiatrists, and other mental health professionals. (Note: Oral health and mental health access to care issues are addressed in other objectives of the *Healthiest Wisconsin 2010* Implementation Plan.)
Primary care	"The provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community." This definition includes general check-ups and management of acute and chronic illnesses across medical, oral, and mental health care services. (*Healthy People 2010*, 2000; Institute of Medicine, 1996)
Preventive health services	Includes both clinical preventive services (patient-focused) and community preventive services (population-focused). Preventive services can encompass three types of prevention: (1) preventing the disease (primary prevention); (2) detecting and controlling disease early (secondary prevention); and (3) producing the best outcomes in those with an established disease or in rehabilitation (tertiary prevention). (Last and Wallace, 1998)

Definitions	
Term	**Definition**
Public health system partners	Public health system partners are organizations and individuals who have an interest in the health of a community's population. As a group, partners should include consumers, providers, businesses, government, and other relevant sectors of the community (adopted from the Institute of Medicine, 1997). Special efforts should be made to include nontraditional partners, such as churches, service groups, representatives from populations that bear a disproportionate burden of illness, school districts, etc.
Best practices	As part of the web-based database, best practices of health programs/interventions are those that have demonstrated effectiveness in the desired area through comprehensive evaluation or research methods.

Rationale:

- This objective focuses on reducing financial and non-financial barriers to primary care access for diverse populations. (NOTE: Health insurance is addressed in Access to Primary and Preventive Health Services Subcommittee's 10-Year, Long -Term Outcome Objective #1.)
- This objective is a priority because increased access to early and ongoing primary and preventive health care can improve health outcomes and can reduce the potential for more serious health problems and the need for higher cost treatment.
- The outputs for this objective address both financial and non-financial barriers to care listed in the survey question data source and are expected to reduce survey reports of barriers to accessing primary and preventive care.
- The partners for the activities vary depending on the specific focus of the individual activity.
- According to *Healthy People 2010*:
  - "Clinical preventive services have a substantial impact on many of the leading causes of disease and death. People must have access to clinical preventive services that are effective in preventing disease (primary prevention) or in detecting asymptomatic disease or risk factors at early, treatable stages (secondary prevention). As in *Healthy People 2000*, the recommendations of the U.S. Preventive Services Task Force serve as a guide to quality preventive health care."
  - Improving access to appropriate preventive care requires addressing many barriers, including those that involve the patient, provider, and system of care. Patient barriers include lack of knowledge, skepticism about the effectiveness of prevention, lack of a usual source of primary care, lack of money to pay for preventive care, and cultural preferences.
  - "Health provider barriers include limited time, lack of training in prevention, lack of perceived effectiveness of selected preventive services, and practice environments that fail to facilitate prevention. Although consensus is growing regarding the value of a range of preventive services, providers identify lack of time and reimbursement as specific barriers to more consistent delivery of counseling about behavioral risk factors such as diet and exercise.
  - "Improving primary care across the Nation depends in part on ensuring that people have a usual source of care. Having a primary care provider as the usual source of care is especially important because of the beneficial attributes of primary care. These benefits include the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community."
  - "Increasing the number and proportion of members of underrepresented racial and ethnic groups who are primary care providers also is important because they are more likely to

practice in areas where health services are in short supply and in areas with high percentages of underrepresented racial and ethnic populations."

* "In 1996, according to the Medical Expenditure Panel Survey (MEPS), 12.8 million families (11.6 percent) for a variety of reasons experienced difficulty or delay in obtaining care or did not receive health care services they thought they needed. In addition to a lack of insurance or under-insurance, barriers include a lack of appropriate referrals, travel distance to the provider, lack of transportation, and unavailability of specialists. Families experience barriers to care for a variety of reasons: inability to afford health care (60 percent); insurance-related causes (20 percent), including: (1) the insurance company not approving, covering, or paying for care; (2) preexisting conditions for which insurance coverage often is restricted; (3) lack of access to required referrals; and (4) clinicians refusing to accept the family's insurance plan; and other problems (21 percent), such as transportation, physical barriers, communication problems, child care limitations, lack of time or information, or refusal of services."
* "An additional source of information on obtaining services is the Robert Wood Johnson National Access to Care Survey. Results of the 1994 National Access to Care Survey suggest that some studies have missed substantial components of unmet needs by failing to include specific questions about supplementary health care services, such as prescription drugs, eyeglasses, oral health care, and mental health care or counseling. When specific questions were added about these services, the findings showed that 16.1 percent of respondents (approximately 41 million) were unable to obtain at least one service they believed they needed. The highest reported unmet need was for oral health care. This problem can be attributed partly to insufficient provider reimbursement, which discourages participation in plans even when the service is covered."

Outcomes:

Component I: Data Development and Analysis

Short-Term Outcome Objective (2002-2004)

- By December 31, 2003, the following question will be added to the Wisconsin Family Health Survey: *"Have you experienced difficulties, delays, or the inability to receive ongoing primary and preventive health care (e.g., check-ups and management of acute and/or chronic illnesses). If yes, what were the reasons for the difficulties or delays?"*
- By January 1, 2004, an assessment of communities with provider shortages and other access barriers will be completed and results shared with partners.
- By January 1, 2004, information on primary care resources will be disseminated and technical assistance will be available for community development.
- By January 1, 2004, requests for new Health Professional Shortage Area designations will receive a state response within 4 to 6 weeks.
- By January 1, 2004, all counties likely to be eligible for dental Health Professional Shortage Areas will be reviewed, and requests for federal designation will be submitted for those that meet the federal designation criteria.

Medium-Term Outcome Objectives (2005-2007)

- By January 1, 2005, 10 health care sites, which have not participated previously, will have applied for assistance from the federal National Health Service Corps, State J-1 Visa Waiver, or state loan repayment programs (e.g., eligible primary care, oral health, or mental health sites).
- By December 31, 2005, a process to track providers with service obligations will be completed and used.

Inputs: *(What we invest – staff, volunteers, time money, technology, equipment, etc.)*

- Staff time (Bureau of Health Information and Division of Public Health)
- Policy change
- Limited additional funding
- Wisconsin Primary Health Care Association
- Area Health Education Centers
- Wisconsin Office of Rural Health
- Resources

Outputs: *(What we do – workshops, meetings, product development, training. Who* we reach - community residents, agencies, organizations, elected officials, policy leaders, etc.)

Activities: Data Capacity

- There is a need to collect baseline data for this objective. The Department of Health and Family Services will add questions to the Wisconsin Family Health Survey to measure the objective and parallel Federal 2010 objective.
- The Division of Public Health and the Bureau of Health Information will collaborate to determine the priority of adding questions to the Wisconsin Family Health Survey and, if approved, determine a funding source and sequenced process.

Activities: Community and Recruitment Development

- The Division of Public Health's Primary Care and Oral Health Programs will complete an assessment of primary care and dental Health Professional Shortage Areas with the greatest shortages of providers and which have not previously used federal/state development resources described in the next output. Assessment will identify primary care development needs, need for technical assistance, creative community development strategies, and key community contact people.
- The Division of Public Health's Primary Care and Oral Health Programs will complete and implement a plan to expand the dissemination of information on federal and state primary care resources and successful community development models.
- The Division of Public Health's Primary Care and Oral Health Programs will expand the availability of technical assistance for primary care development identified from the Health Professional Shortage Area assessment. Federal and state resources include, but are not limited to: loan repayment, immigration waivers, federally qualified health center funding and reimbursement, rural health clinic and critical access hospital certification and reimbursement, and distance technology for health care and continuing education.
- In order to maximize the capture of federal and state resources in rural and urban shortage areas to expand access to primary care and oral health care providers, the Division of Public Health Primary Care Program will sustain and expand state efforts to request federal Health Professional Shortage Area designations (e.g., primary care, oral health, and mental health) to help shortage areas access related federal and state provider loan repayment and reimbursement bonuses. Health Professional Shortage Area efforts include, but are not limited to: requests for new designations, three-year re-designations, review remaining eligible areas for designation, and dissemination of information on Health Professional Shortage Areas.
- The Division of Public Health's Primary Care Program will expand information dissemination and application assistance for federal National Health Service Corps loan

repayment and scholarship programs to help community clinics recruit primary care, oral health, and mental health providers.

- The Division of Public Health's Primary Care Program will expand information dissemination and application assistance for the immigration waiver program to recruit and retain foreign primary care physicians in Health Professional Shortage Areas, including: J-1 Visa Waivers, H-1b Visa Extensions, and permanent residency petitions.
- The Department of Commerce's State Loan Repayment Program will expand information dissemination and application assistance for the state loan repayment program to help community clinics recruit primary care, mental health, and oral health providers.
- The Division of Public Health's Primary Care Program will develop a process to track provider completion of service obligations and longer term retention (federal/state loan repayment) to monitor the short and longer term effectiveness of recruitment and retention programs in collaboration with the Office of Rural Health and Wisconsin Primary Health Care Association.

Participation/Reach

- Division of Public Health
- Division of Health Care Financing and Bureau of Health Information
- Division of Disability and Elder Services
- Wisconsin Mental Health Association
- Wisconsin Dental Association
- Wisconsin Nurses Association
- Medical Society of Wisconsin
- Wisconsin Primary Health Care Association
- University of Wisconsin, Office of Rural Health
- Policymakers
- Area Health Education Centers
- Wisconsin's Institutions of Higher Education and Technical Colleges
- Consumers
- State and community health improvement planners
- Providers and local partners
- Health professions education programs

Component II: Provider Issues

Short-Term Outcome Objectives (2002-2004)

- By January 1, 2004, the Division of Public Health and the Department of Public Instruction school health program statutory definitions of eligible providers will be updated to include advanced practice nurse "prescribers" and physician assistants consistent with their legal scope of practice.
- By January 1, 2004, there will be a structure(s) in place to collect data on primary care and related health workforce that is compatible and accessible across the Departments of Health and Family Services, Workforce Development, Regulation and Licensing, and public users.

Medium-Term Outcome Objectives (2005-2007)

- By December 31, 2005, Medicaid provider reimbursement rates will be increased to 75 percent of the usual and customary charges billed.
- By January 1, 2005, the number of primary care providers (physician, APNP, PA) participating in Medicaid and public health programs (e.g., immunization) will increase.

Long-Term Outcome Objectives (2008-2010)

- By January 1, 2010, graduates from primary care training programs will more closely reflect the cultural diversity of the state population (e.g., rural, racial, and ethnic populations).
- By January 1, 2010, an increased percentage of medical school, advanced practice nurse, and physician assistant graduates will report plans to work in primary care.
- By January 1, 2010, an increased percentage of graduates from primary care training programs will have had learning experiences in multi-disciplinary practice settings.
- By December 31, 2010, Medicaid provider reimbursement rates will be increased to 85 percent of the usual and customary charges billed.

Inputs: *(What we invest – staff, volunteers, time money, technology, equipment, etc.)*

- Funding
- State, tribal, and local elected officials
- State and local public policy leaders
- Public health system partners
- State program statute and policy change
- Staff time [Divisions of Public Health and Health Care Financing (including the Bureau of Health Information; Departments of Public Instruction, Workforce Development, and Regulation and Licensing; and public health system partners]
- Staff time (health professions' education programs, Area Health Education Centers, community health partners)

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach - community residents, agencies, organizations, elected officials, policy leaders, etc.)*

Activities: Payment for Services

- Increase Medicaid rates for "provider services." This includes billing for services performed by Medicaid certified physicians, nurse practitioners, and physician assistants.

Activities: Workforce Utilization and Data

- Reduce program policy barriers: Public health system partners will support targeted statutory changes to update definitions of eligible providers to be consistent with current legal scope of practice (e.g., advanced practice nurse "prescribers," physician assistants) for specific public health programs (e.g., immunization, communicable disease, school health).
- Reduce provider billing barriers: Public health system partners, provider groups, and Divisions of Health Care Financing and Public Health will collaborate to identify and reduce program administrative and billing barriers, and to increase provider participation in publicly funded programs (e.g., Medicaid, public health).
- Establish data capacity for primary care workforce: Departments of Health and Family Services, Workforce Development, and Regulation and Licensing, and public health system partners will establish and maintain data capacity to monitor the primary care and related health workforce in the state (e.g., physician, registered nurse and advanced practice nurse, physician assistant, dentist and dental hygienist, pharmacist, and mental health provider).

Activities: Workforce Development

- Assure an adequate supply of primary care professionals that reflect the diversity of the state's population who have skills in primary and preventive health care.

- Area Health Education Centers, academic programs, and community providers will expand the recruitment of health professions students from underserved populations (e.g., rural, racial, ethnic populations).
- Area Health Education Centers, academic programs, and community providers will expand student learning experiences in shortage areas and with underserved populations.
- Area Health Education Centers and academic programs will expand the use of distance education to support students from underserved areas and nontraditional students.
- Area Health Education Centers, academic programs, and community providers will expand student learning experiences with primary and preventive health services and experiences in collaborative practice settings.

Participation/Reach:

- Health professions' education programs
- Area Health Education Centers
- Wisconsin's Institutions of Higher Education and Technical Colleges
- Public health system partners
- Consumers and underserved populations
- Policymakers
- Providers
- Health care purchasers
- Consumers

Component III: Education Campaign:

Short-Term Outcome Objective (2002-2004)

- By January 1, 2004, plan completed to expand Medicaid patient education and encourage the use of preventive and primary care.

Medium-Term Outcome Objectives (2005-2007)

- By January 1, 2005, a plan for Medicaid patient education is implemented.
- By January 1, 2005, the use of patient education materials will be integrated into Medicaid contracts and Division of Public Health programs serving Medicaid-eligible patients.
- By January 1, 2005, a plan will be completed to expand patient education for privately-insured workers to encourage the use of preventive and primary care.
- By January 1, 2007, a plan for worker patient education is implemented.
- By January 1, 2007, a plan will be completed to expand patient education for students and parents to encourage the use of preventive and primary care.

Long-term Outcome Objectives (2008-2010)

- By January 1, 2008, a plan will be completed to expand patient education for Medicare-eligible patients to encourage the use of preventive and primary care.
- By January 1, 2009, a plan for student and parent patient education is implemented.
- By January 1, 2010, a plan for Medicare-eligible patient education is implemented.

Inputs: *(What we invest – staff, volunteers, time money, technology, equipment, etc.)*

- Staff time (Division of Public Health, Division of Health Care Financing, public health system partners)
- Resources

- Funding (e.g., Temporary Aid for Needy Families, Medicaid, public health, private insurance)

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach - community residents, agencies, organizations, elected officials, policy leaders, etc.)*

Activities: Public Information Campaign

- Public information campaign to encourage the effective use of preventive and primary care for diverse populations (e.g., the importance of preventive care, how to use services, understanding insurance coverage, and personal preventive care).
- For diverse Medicaid-eligible populations: Division of Health Care Financing, Division of Public Health, and public health system partners will develop and implement a plan to use Temporary Assistance to Needy Families, Medicaid outreach, and other public health funds to expand the use of patient education materials for diverse Medicaid-eligible populations on the importance of preventive care, how to use services, and personal preventive care. Development of materials for other targeted groups must be completed.
- For workers with private insurance: Division of Public Health, Division of Health Care Financing, and public health system partners (e.g., providers, health maintenance organizations) will collaborate with business sector partners to develop and implement a plan to expand public information messages for workers on preventive care, how to use services, and personal preventive care.
- Department of Public Instruction, Division of Public Health Comprehensive School Health Program, and public health system partners will collaborate to develop and implement a plan to expand developmentally appropriate public information messages for students on preventive care, how to use services, and personal preventive care.
- Division of Public Health, Division of Supportive Living, Wisconsin Medicare Intermediary, and other public health system partners will complete a plan to expand public information messages for Medicare-eligible adults on preventive care, how to use care, and self-care.

Participation/Reach:

- Diverse consumers
- Public health system partners
- Policymakers
- Providers
- Division of Public Health
- Division of Health Care Financing
- Wisconsin Primary Health Care Association

Component IV: Collaborative Practice Models:

Short-Term Outcome Objectives (2002-2004)

- By June 30, 2004, information on successful collaborative practice models will be compiled.

Medium-Term Outcome Objectives (2005-2007)

- By December 31, 2006, information on successful collaborative practice models will be disseminated to public health system partners and a process implemented to support ongoing dialogue among partners (e.g., educational forums or key information will be added to partner web sites).

- By January 1, 2007, information on "best practices" will be disseminated to provider and purchaser partners.

Inputs: *(What we invest – staff, volunteers, time money, technology, equipment, etc.)*

- Staff time (Division of Public Health and Division of Health Care Financing)
- Public health system partners
- Resources
- Funding (e.g., Agency for Healthcare Research and Quality, private foundations)

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach - community residents, agencies, organizations, elected officials, policy leaders, etc.*

Activities: Service Delivery

- Expand the use of a range of effective service delivery strategies to increase access to comprehensive care and to more cost-effective delivery of primary and preventive care (e.g., clinic and community-based).
- Collaborative practice models: Public health system partners will compile information on successful collaborative practice models and disseminate these models and other resource information (e.g., in-person and internet-based educational forums, informational materials, successful processes to respond to changing legal scope of practice for professionals, teaching strategies, and student learning site development).
- Best practices to promote effective use of care: Public health system partners will compile and disseminate information for providers and health care purchasers on "best practices" to help consumers more effectively use primary care (e.g., strategies to shift inappropriate emergency room use to primary care settings, strategies to promote personal preventive care, strategies for service delivery that is responsive to worker needs/schedules).

Participation/Reach:

- State and community health improvement planners
- Wisconsin Primary Health Care Association
- Division of Health Care Financing
- Division of Public Health
- Provider networks and organizations
- Health professions' education programs
- Purchasers
- State agencies
- Policymakers

Evaluation and Measurement:

There are several data sources that will help measure progress towards achieving this long-term objective, including population surveys, community assessments, and health workforce data. A question to specifically provide a baseline and ongoing measurement of the objective as stated is expected to be added to the Wisconsin Family Health Survey (Department of Health and Family Services) in the 2002 cycle. Community assessments of provider shortages and other access barriers will provide supporting documentation of system access barriers, as described in the output under "Community and Resource Development." Expanded health workforce data collection will also provide documentation of access barriers related to shortages or maldistribution of primary care, oral

health, and mental health providers, as described in the output under "Workforce Utilization and Data."

Crosswalk to Other Health and System Priorities in Healthiest Wisconsin 2010

Integrated Electronic Data and Information Systems: Add a question to the Wisconsin Family Health Survey to establish baseline and ongoing monitoring of long-term objective. Establish data capacity for primary care workforce.

Community Health Improvement Processes and Plans: Expand the use of a range of service delivery strategies such as collaborative practice models and best practices to promote the effective use of care. Community and recruitment development, including community primary care access assessment, expansion of information and technical assistance, and expansion of use of federal/state primary care recruitment resources.

Sufficient, Competent Workforce: Provide public information campaign about using preventive and primary care. Expand collaborative practice models and best practices to promote the effective use of care. Develop community primary care and recruitment. Reduce program and policy barriers to the use of diverse primary care providers. Establish workforce data capacity. Develop workforce.

Significant Linkages to Wisconsin's 12 Essential Public Health Services

Monitor health status to identify community health problems: Add a question to the Wisconsin Family Health Survey to establish a baseline and ongoing monitoring of the long-term objective. Complete community and recruitment assessment and development of capacity. Establish workforce data capacity.

Educate the public about current and emerging health issues: Implement a public information campaign for Medicaid populations, privately insured workers, students and their parents; and Medicare populations to encourage the effective use of preventive and primary care.

Promote community partnerships to identify and solve health problems: Expand the use of effective service delivery models (e.g., collaborative practice models and best practices to promote the effective use of care). Complete community and recruitment assessment and development of capacity. Promote workforce development and health professions' education.

Create policies and plans that support individual and community health efforts: Expand the use of effective service delivery models (e.g., collaborative practice models and best practices to promote the effective use of care). Complete community and recruitment assessment and development of capacity. Promote workforce development and health professions' education.

Link people to needed health services: Implement public information campaign for Medicaid populations, privately insured workers, students and their parents, and Medicare populations to encourage the effective use of preventive and primary care. Complete community and recruitment assessment and develop capacity.

Assure a diverse, adequate, and competent workforce to support the public health system: Expand the use of effective service delivery models (e.g., collaborative practice models and best practices to promote the effective use of care). Complete community and recruitment assessment and development of capacity. Establish workforce data capacity. Promote workforce development and health professions' education.

Evaluate effectiveness, accessibility, and quality of personal and population-based health services: Add a question to the Wisconsin Family Health Survey to establish a baseline and ongoing monitoring of the long-term objective. Expand the use of effective service delivery models (e.g., collaborative practice models and best practices to promote the effective use of care). Complete community and recruitment assessment and development of capacity. Reduce policy barriers to workforce utilization and establish workforce data capacity.

Conduct research to seek new insights and innovative solutions to health problems: Expand the use of effective service delivery models (e.g., collaborative practice models and best practices to promote the effective use of care). Complete community and recruitment assessment and development of capacity.

Assure access to primary health care for all: All outputs link to this essential service.

Foster the understanding and promotion of social and economic conditions that support good health: Add a question to the Wisconsin Family Health Survey to establish a baseline and ongoing monitoring of the long-term objective. Implement public information campaign for Medicaid populations, privately insured workers, students and their parents, and Medicare populations to encourage the effective use of preventive and primary care.

Connection to the Three Overarching Goals of Healthiest People 2010

This objective and outputs (activities) have strong connections to all of the Turning Point goals.

Protect and promote health for all: The outputs focus on increasing access to primary and preventive services for the population as a whole and for subpopulations that are currently underserved, due to a range of access barriers (e.g., geography, culture, financial, employment, education).

Eliminate health disparities: The outputs include public information and outreach, service delivery, community and system development, and workforce development actions targeted across subpopulations that currently have disparities in access to primary and preventive health care (e.g., age, gender, race/ethnicity, rural/urban, income).

Transform Wisconsin's public health system: The objective and outputs address the role of the consumer, delivery system and health care providers, health professions' training programs, and policymakers (public and private). The outputs also incorporate a strong focus on partnerships at the state and community levels for implementation and a commitment to identifying and expanding the use of best practices.

Key Interventions and/or Strategies Planned:

- Implement a public information campaign for Medicaid eligible populations, privately insured workers, students and their parents, and Medicare populations to encourage the effective use of preventive and primary care.
- Expand the use of effective service delivery models (e.g., collaborative practice models and best practices to promote the effective use of care) to increase access to care and to cost-effectively deliver primary and preventive health care.
- Expand state/local capacity for community development of access to care resources and recruitment of primary care, oral health, and mental health providers.
- Reduce policy barriers to workforce utilization and expand workforce data collection.
- Increase payment for Medicaid physician services.

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